



FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of:
GENERAL PATIENT CARE & TREATMENT

Indications

For the neonatal/pediatric medical patient with any one of the following criteria:

Systolic Blood Pressure (SBP)	$< 70 + 2 \times \text{age in years}$ if over one (1) year old < 70 for one (1) month to one (1) years old < 60 for under one (1) month of age	
Pulse Rate	Newborn to three (3) months Three (3) months to two (2) years Two (2) to ten (10) years	> 200 at any age < 85 or > 200 < 100 or > 190 < 60 or > 140
Respiratory Rate	Newborn to one (1) year old Toddler (1 – 4 years old) School age Adolescent	> 60 at any age > 40 > 30 > 25 > 20
Glasgow Coma Score	< 13	
Any of the Following Symptoms	Altered Mental Status Respiratory Distress Clinical Signs of Shock Chest Discomfort	

Any chief complaint sign/symptom that may indicate the need for IV fluids and/or medications.

► Neonatal/Pediatric Resuscitation Chart ◀								
Age	MEAN Weight in kg	Minimum SBP	Normal Heart Rate	Normal Respiratory Rate	ET Tube Size	NG Tube Size	Average Insertion Depth (cm at the lips)	Fluid Bolus Amount (mL)
Premature	< 2.5	40	120-170	40-60	2.5-3.0	10	9.5-10	25
Term	3.5	60	100-170	40-60	3.0-3.5	10	10-10.5	35
3 Months	6	60	100-170	30-50	3.5	10	10.5-11	120
6 Months	8	60	100-170	30-50	4.0	10	11-12	160
1 Year	10	72	100-170	30-40	4.0	10	12-12.5	200
2 Years	13	74	100-160	20-30	4.5	12	12.5-13.5	260
4 Years	15	78	80-130	20	5.0	12	14-15	300
6 Years	20	82	70-115	16	5.5	14	15.5-16.5	400
8 Years	25	86	70-110	16	6.0	14	17-18	500
10 Years	30	90	60-105	16	6.5	16	18-18.5	600
12 Years	40	94	60-100	16	7.0	16	18.5-19.5	800
12-18 Years	Adult Std.	Adult Std.	Adult Std.	Adult Std.	Adult Std.	Adult Std.	Adult Std.	Adult Std.

Procedures

FLWEMS Paramedics will institute the following care procedures prior to contacting Medical Control in accordance with the appropriate patient care protocol.

1. Establish an airway with the appropriate maneuver and/or adjuncts.
2. Administer Oxygen.
3. Establish IV/IO therapy. Initiate fluid resuscitation if indicated.
4. Apply cardiac monitor, pulse oximetry and/or capnometry if indicated.

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5. Obtain rectal temperature if indicated.
6. Contact Medical Control prior to the administration of medications.
7. Contact Medical Control for further orders as needed.

CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS